

Idaho Medicaid – Therapeutic Criteria for Growth Hormone
Approved by Pharmacy & Therapeutics Committee
Last Updated: May 2017

Diagnoses and Criteria

Growth Failure due to Chronic Renal Impairment (ICD-9 585; ICD-10 N18.9)

- Patient is awaiting renal transplant
- PTH level no greater than 2x target upper limit for CKD Stages 2-4 or 1.5x target upper limit for CKD Stage 5
- Phosphorus no greater than 1.5x upper limit for age
- No active rickets
- Slipped capital femoral epiphysis (if present) is resolved

Growth Failure due to Growth Hormone Deficiency (ICD-9 253.2, 253.3; ICD-10 E23.0)

- Growth hormone stimulation testing, if clinically appropriate as determined by current national guidelines
- Hypothyroidism treatment, if clinically appropriate, has been started

Growth Failure due to Prader-Willi Syndrome (ICD-9 759.81; ICD-10 Q87.1)

- Genetic confirmation of diagnosis
- Baseline and annual monitoring for obstructive sleep apnea and scoliosis

Growth Failure due to Turner Syndrome (ICD-9 758.6; ICD-10 Q96.0)

- Genetic confirmation of diagnosis

Idiopathic Short Stature (ICD-9 783.43; ICD-10 R62.52)

- Payment for growth hormone for this diagnosis is not authorized by Idaho Medicaid under IDAPA 16.03.09.04.g which states that “drugs for cosmetic use are excluded from coverage”

Small for Gestational Age (ICD-9 764; ICD-10 P05.1)

- Payment for growth hormone for this diagnosis is not authorized by Idaho Medicaid under IDAPA 16.03.09.04.g which states that “drugs for cosmetic use are excluded from coverage”

HIV Cachexia (ICD-9 042, 079.53; ICD-10 B20)

- Only approved for adults for this diagnosis
- Initial approval for 12 weeks, extension of therapy on a case-by-case evaluation
- Not covered for HIV-associated adipose redistribution syndrome (cosmetic indication excluded from coverage under IDAPA 16.03.09.04g)

Acceptable Growth Hormone Stimulation Testing

Growth hormone stimulation panel with arginine or levodopa with peak growth hormone levels < 10 mcg/ml

OR

Insulin tolerance test with peak growth hormone levels < 10 mcg/ml

OR

An equivalent diagnostic test

Documentation for Growth Failure

For initial approval only

Height less than 3rd percentile of normal for age and sex.

For initial approvals AND annual renewals (all of the following must be met)

Increase in height of at least 2 cm over the past year

AND

Bone age: female < 14 years and male < 16 years. The radiology report should include standard deviation and/or confidence intervals

AND

Documentation of open epiphyses within the previous six months

AND

No expanding lesion or tumor diagnosis

AND

Chronological age < 18 years.

Documentation Required for Prior Authorization Requests

Physician notes documenting the diagnosis AND

Endocrinologist is initiating the growth hormone therapy AND

Most recent endocrinologist's office visit note AND

Current growth chart AND

Most recent bone age AND

Results of growth hormone stimulation testing, if required for diagnosis (for initial approval only)

Originally approved by P&T Committee: 5/20/2011

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Re-affirmed by P&T Committee with no changes: 4/19/2013

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